

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Send to:

Division of Taxation

PO Box 189

Trenton, NJ 08695-0189

(609) 633-8870

Beginning Quarter:

mm:

yyyy:

Ending Quarter:

mm:

yyyy:

Do you file PPT-40 returns?: ☐ Yes ☐ No

PPT-20

Petroleum Products Gross Receipts Tax Refund Application

Mailing Address of Applicant		Person to contact regarding this application		Applicant Name
		Name		
		Title		Applicant Trade Name
		Phone		
		Email		Applicant FEIN or SSN

	-Column A- Gallons	-Column B- Consideration
1 Exports		
2 Non-Profit		
3 Aircraft		
4 Direct Payment Permit Holders		
5 Governmental Agencies		
6 Marine		
7 Utility/Co-generation Facility		
8 Other:		
Total Gallons/Consideration		
Tax Rates	X 0.04	X 0.0275
Refund Requested		

Column A Refund Requested
\$
Section B Refund Requested
\$
Total Refund Amount Requested
\$

Explanation of Refund:	
<i>(Provide a description of why you are applying for a refund and include supporting documentation with this form)</i>	
Signature indicates that, under penalty of perjury, the information presented on this application is accurate to the best of the signatory's knowledge. If the information is not accurate or not verifiable, the refund may be denied in part or in whole. If a refund is paid in error, or if the application is found to have error subsequent or contemporaneously to the issuance of the refund, the amount refunded must be repaid to the State along with applicable penalty and interest. Incomplete applications cannot be processed.	
Printed Name	
Title	Date
Signature	

Division use only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reviewed By	
Date:	
Amount Approved	
\$	
Refund No	
PPT-20	